Eating Disorders

Have you ever been on a diet or tried different dietary supplements to help you burn fat or build muscle? Have you ever worried about your weight and said things like, “I feel so fat!”? Have you ever overeaten because you were feeling anxious, lonely, or depressed, and then felt really guilty and disgusted about yourself afterwards? Have you ever seen these types of concerns take over someone’s life and progress into a full-blown eating disorder?

As many as 10% of high school and college students have some form of serious eating disorder (including anorexia nervosa, bulimia nervosa, and binge eating disorder). A great many more young women, and a significant minority of men, find their lives restricted on a daily basis by a negative body image, food or weight preoccupation, exercise addiction, and unhealthy dieting practices.

Clearly, food, weight, and body shape concerns are common among teens and young adults, including college students.

Read on to learn more about…

- What causes eating disorders
- Common types of eating disorders
Eating disorders and disordered eating behaviors are complex problems, stemming from a variety of cultural, social, familial, psychological, and biological influences. Contrary to what many people think, these disorders are NOT just about food and weight issues. Rather, food and weight issues are symptoms of a much more complicated, underlying problem.

To gain a greater understanding about eating disorders and the people who suffer from them, consider the many factors that contribute to their development.

**Size Prejudice**

In American culture (and particularly in southern California), there is a lot of emphasis placed on body weight, size, and appearance. We are conditioned from a very young age to believe that self-worth is derived from these external characteristics. For example, being thin and/or muscular is associated with being “hard-working, successful, popular, beautiful, strong, and disciplined.” On the other hand, being “fat” is associated with being “lazy, ignorant, hated, ugly, weak, and lacking will-power.” These stereotypes are prevalent in our society; and they are reinforced by the media, our family and friends, and even well-respected health professionals. As a result, we often unfairly judge others and ourselves based on weight and size alone. We feel great anxiety and pressure to achieve and/or maintain a very lean physique. We erroneously believe that if we can just be thinner or more muscular, we can be happier, more successful, and more accepted by society.

**The Media**

The media sets unrealistic standards for what body weight and appearance is considered “normal.” Girls are indoctrinated at a very young age that Barbie is how a woman is supposed to look (i.e. no fat anywhere on your body, but huge breasts!). NOTE: If Barbie were life-size, she would stand 5’9” and weigh 110 lb. (only 76% of what is considered a healthy weight for her height!). Her measurements would be 39-18-33, and she would not menstruate due to inadequate levels of fat on her body! Similarly, boys are given the impression that men naturally have muscles bulging all over their bodies. Take a look at their plastic action-figures (like GI Joe Extreme) in toy stores. If GI Joe Extreme were life-size, he would have a 55-inch chest and a 27-inch bicep. In other words, his bicep would be almost as big as his waist and bigger than most competitive body builders! These body ideals are reinforced every day on TV shows, movies, magazine covers, and even video games.

The media’s portrayal of what is “normal” keeps getting thinner and thinner for women and more muscular and ripped for men. Twenty-five years ago, the average female model weighed 8% less than the average American woman. Currently, the average female model
weighs 23% below her average weight. Similar trends are seen with men. The average Playgirl centerfold man has shed about 12 lbs. of fat, while putting on approximately 27 lb. of muscle over the past 25 years.

With these media images and body ideals, it’s little wonder that women and men feel inadequate, ashamed, and dissatisfied with how they look. Only about 5% of women have the genetic make up to ever achieve the ultra-long and thin model body type so pervasive in the media. Yet that is the only body type that women see and can compare themselves to. Similarly, all boys see is a body ideal that for most men is impossible to achieve without illegal anabolic steroids. There is a physiologically limit to how much muscle a man’s body can attain naturally, given his height, frame, and body fat percentage. In other words, it’s physiologically impossible to gain unlimited pounds of pure bulging muscle mass while maintaining an ultra lean, ripped body (with only 3-7% body fat)—even when following the “perfect” training and diet program. Once you reach your maximal muscle mass, any further gains will come from both muscle AND fat. So, men who have greater muscle mass/size tend to have higher body fat percentages as well (e.g. 10-15%). The action figure heroes on toy store shelves and male fitness models on magazine covers and ads suggest otherwise.

Social & Family Pressures

In college, you may feel great pressure to be thin or super muscular in order to be accepted by your peers and attractive to potential romantic partners (especially in Los Angeles, one of the most weight, diet, and fitness-crazed cities in the world!). If you’re living with a lot of other students (especially women) in a sorority/fraternity house or residence hall, the pressure may be even more intense. In these group living situations, you may be surrounded by negative “body talk” all the time...in the bathroom, in the dining halls, in your dorm room...there’s no escaping the comments (“Yuck! Look at my thighs...I’m so fat! I really need to go on a diet!”). All these comments can make you crazy! They can make you start worrying about your own weight and make you feel self-conscious about your own body, even though you never worried about it before.

Your mother, or other family member, may have done the same thing while your were growing up by making constant comments about her own weight (or yours) and enforcing lots of food restrictions on herself (or you). Early on, you may have gotten the message that you need to be thin in order to be accepted and loved by your parents.
If you’re an athlete, you may feel tremendous pressure to lose weight or body fat so you can make a specific weight class (i.e. wrestling, crew, boxing), race faster (i.e. running, cycling), or look more attractive to the judges or audience (i.e. gymnastics, dance, cheerleading, figure skating). The pressure may come from you, your teammates, your coach, and/or your parents.

**Medical Weight Standards**

Weight and height measurements are routinely done at health clinics; and you are often assigned a certain label (“underweight, healthy weight, overweight, or obese”) based on these measurements. Your clinician may even encourage you to lose weight, to see a dietitian, or to consider drugs or surgery, without even asking about your eating and exercise habits and considering your level of fitness. The clinician, of course, has good intentions. After all, clinicians are taught in their medical training about all the perils of “obesity.” And, they are reminded again and again (often by pharmaceutical company-sponsored meetings and events) that obesity is a “disease” that can (and should) be aggressively treated with drugs.

Weight measurements may reflect bad eating habits, a sedentary lifestyle and poor health and fitness, but not necessarily. In fact, there are many “overweight” men and women who eat a balanced diet, exercise regularly, and enjoy excellent health; they have great blood pressure, cholesterol, and blood sugar levels.

If you have experienced this type of weight prejudice by the medical community, it’s understandable that your body image and self-esteem would suffer. After all, you are being told by one of the most powerful and respected members of society that you are “diseased.” The guilt, shame, and self-loathing associated with such a label does nothing to support healthy eating, physical activity, and good health. In many cases, it does just the opposite.

**Personality Traits**

Perfectionism, compulsiveness, competitiveness, and high achievement expectations are personality traits commonly associated with college students. These personality traits helped you get into a prestigious university like UCLA. But these personality traits may also carry over to other aspects of life (like wanting to be the perfect weight, eat the perfect diet, have the perfect work-out program). Having these personality traits doesn’t cause you to develop an eating disorder, but they do put you at greater risk of developing one if other environmental factors are also present.
Underlying Mood, Anxiety, or Personality Disorders

Many people who suffer from eating disorders also suffer from one or more other psychiatric problems, such as depression, obsessive-compulsive disorder, anxiety disorder, or borderline personality. In fact, the disordered eating behaviors (e.g. binge eating, compulsive exercise, obsessive counting and controlling of calories) may be adaptive responses to an underlying chemical imbalance in the brain, which is causing the depression or anxiety.

For instance, serotonin and cortisol are neurotransmitters (brain chemicals) that affect mood, sleep, and appetite. Low levels of serotonin (or high levels of cortisol) are often associated with depression, anxiety, poor sleep, and increased appetite. People suffering from low serotonin levels (or high cortisol levels) often participate in maladaptive behaviors that work to raise or lower them, respectively. Carbohydrate binges, compulsive exercise, and obsessive thinking all work to increase serotonin levels; so these behaviors temporarily correct the chemical imbalance in the brain. (NOTE: Cigarette smoking and excessive alcohol consumption may serve similar functions, as coping mechanisms for underlying biological or psychological problems.) Fortunately, there are several health-promoting behaviors that can normalize the balance between serotonin and cortisol (e.g. yoga or meditation, massage, expressive hobbies, full spectrum lighting, moderate physical activity, professional counseling, and avoiding alcohol and caffeine). Regular participation in these health-promoting behaviors can decrease the need to engage in more damaging ones.

Several prescription medications are also available to help normalize the balance between serotonin and cortisol. These medications may be required, along with the health-promoting behaviors listed above, to correct underlining chemical imbalances in the brain.

If you experience extreme feelings of sadness or anxiety, difficulty sleeping, or change in appetite, talk to a clinician at the Ashe Center or a counselor at Counseling and Psychological Services.

Emotional Eating (or Not Eating)

Throughout our life, we are conditioned to turn to food for security, comfort, and pleasure. As babies, the most powerful comforter when we were distressed was our mother’s milk. As toddlers, we were offered cookies and milk when we fell in the playground and got hurt. Throughout our school years, we were rewarded with sweet treats when we brought home good grades and punished for bad behavior by being sent to our rooms without dessert. It’s little wonder that as college students, food becomes a tranquilizer when we’re anxious and stressed out, a mood elevator when we’re depressed, a comforter when we’re lonely, a reward when we’ve had a hard day, and an entertainer when we are
bored. We learn to cope with uncomfortable feelings by stuffing them all down with food. Just like cigarettes, alcohol, and drugs, food becomes a temporary relief or escape.

In other situations, people learn to suppress feelings they’re ashamed of by focusing intently on their body weight and size. These are much “safer” issues. People often complain, “I feel so fat!” But, since when is fat a feeling? You don’t feel blonde or brunette; how can you feel fat? What are you really feeling when you feel “fat.” Are you feeling inadequate, insecure, sad, overwhelmed, abandoned? By becoming so absorbed in counting calories and worrying about weight, people can avoid thinking about these more painful and more difficult feelings.

**Psychological Issues**

**Control**

In some cases, eating disorders can be rooted in past traumas. That is, sometimes eating disorders can develop, in part, from an attempt to manage difficult feelings around experiences from a person’s past. For example, imagine growing up with an alcoholic parent(s). In this case, no matter what the child does or how hard he tries, he cannot control or predict his world. Violated and hurt, this person might seek an area of life that she can control: her diet and weight. In other cases, individuals with eating disorders may have had or perceived their parents to be very controlling in their lives. Again, eating patterns and restrictive behaviors are an area over which the parents cannot force them to conform, giving them some sense of control over their lives.

**Fear**

In cases of sexual abuse, disordered eating may serve as a protective shield from further abuse or attack. For instance, in anorexia nervosa, self-starvation may be a way for a young person to delay puberty and prevent developing an adult body to avoid further abuse. In binge eating disorder, overeating and being obese may be a way for a person to feel less attractive, less desirable, and more invisible (so future attacks are less likely to occur).
Sexual and Cultural Identity

Sometimes, disordered eating develops as a response to internal conflict with one’s sexual identity or cultural identity. For instance, a homosexual young man, who was constantly teased as a boy for his sexual orientation, may feel that his masculinity is threatened. He may become obsessed with building a muscular, “manly” body (a common feature of muscle dysmorphia) in an effort to restore feelings of masculinity (power and strength).

Similarly, an African American young woman may find it difficult to hold onto her “body pride” as she moves from the black culture (which has strong ethnic identity and larger body ideals) into the white culture (which has very thin body ideals). Initially, she may feel great pressure to “fit in;” and as a result, she may reject herself, her larger body type, and her traditional cultural foods and become extremely restrictive in her eating. With time, she may feel ambivalence between wanting to hold onto her cultural roots and wanting to “fit in;” and this can result in bingeing and purging. Later, she may completely reject the white culture and all its dieting nonsense, and turn to compulsive overeating.

Chronic Dieting

Ancel Keys conducted a classic study on the effects of semi-starvation on prisoners of war. He found that semi-starvation (like dieting/restrictive eating) causes several physical, emotional, and behavioral effects, which are classically seen in people suffering from eating disorders.

- Decreased basal metabolic rate by 40% (in order to survive during periods of low calorie intake).
- Feelings of anxiety, depression, dizziness, and weakness (as a result of semi-starvation).
- Food preoccupation (e.g. collection of recipes, cookbooks, and menus and constantly thinking and dreaming about food).
- Out-of-control binge eating (to the point of feeling bloated and uncomfortable) when they were finally given their daily food ration.
- Feelings of embarrassment and guilt about their supposed “overeating” episodes.
- Self-induced vomiting (in some) to get rid of the uncomfortable feeling.
Types of Eating Disorders: Anorexia, Bulimia, Muscle Dysmorphia & Binge Eating Disorders

While many students struggle with disordered eating behaviors, a small percent go on to develop full-blown eating disorders: anorexia nervosa, bulimia nervosa, and binge eating disorder. Read on to learn more about these clinically-defined eating disorders, along with a related condition termed “muscle dysmorphia.”

Anorexia Nervosa

What is it?
- Self-imposed starvation due to intense fear of gaining weight or becoming fat.
- Person is very underweight (at least 15% below his/her healthy body weight or Body Mass Index <17.5).
- Very distorted body image. Person thinks he/she’s fat despite being very underweight.
- In women, amenorrhea (loss of > 3 consecutive menstrual periods).

NOTE:
- Age of onset: Usually early or late adolescence (13-18 years of age).
- 90-95% of cases are women, 5-10% are men.
- Prevalence = 1% of adolescent and young women.

Signs:
**Physical:**
- very thin, often to the point of emaciation
- dry skin and hair
- growth of fine body hair, noticeable on face and arms
- cold hands and feet and extreme sensitivity to cold temperature
- general weakness, but seemingly hyperactive
- lightheadedness
- low blood pressure and heart rate
- constipation and digestive problems
- In women: loss of menstrual periods

**Behavioral:**
- rigid, restricted eating patterns (i.e. no fat or high calorie foods allowed, strict adherence to certain number of calories per day, often vegetarian)
- food rituals, such as cutting food into small pieces and playing with it
- avoidance of social situations involving food; avoidance of eating in public
- excessive, compulsive exercise
- excessive, compulsive working or studying
- checking weight frequently (often many times a day)
- comments about how fat they are
- wearing sweaters and baggy clothes to hide thinness
- inability to concentrate
- isolation from family and friends
- high emotions: tearful, uptight, overly sensitive

**Muscle Dysmorphia (or Bigorexia)**

**What is it?**

- Preoccupation with the idea that one’s body is not sufficiently lean and muscular.
- Compulsive need to maintain a strict exercise, diet, and/or supplement schedule (often despite knowledge of dangers).
  - The preoccupation and compulsion cause significant distress or impairment in social, occupational, or other important areas of functioning.

**NOTE:**

- Prevalence unknown.
- In one survey of men from gyms in the Boston and Los Angeles area, 10% of men displayed prominent symptoms of “bigorexia” another name for muscle dysmorphia.

**Behavioral Signs:**

- gives up social opportunities, misses school, or takes excessive time off from work due to need to work out
- follows special diets, such as very high protein or very low fat
- spends a lot of money on dietary supplements and/or drugs advertised to boost muscularity
- turns down invitations to go to restaurants, parties, or dinners because of special dietary requirements
- avoids situations where people might see their bodies, such as beaches, swimming pools, locker rooms, and public showers
- wears baggy clothes to cover up their bodies and/or deliberately chooses clothes that make them look more muscular
- frequently measures body, such as using a tape measure to check the size of their waist, chest, or biceps
- continues to work out even when they have an injury
- frequently compares their muscularity with others
**Bulimia Nervosa**

What is it?
- Recurrent episodes of binge eating and purging (at least 2 times per week).
- During a binge, person uncontrollably consumes a very large number of calories (typically 1500-3000 calories) in a short period of time (less than one hour).
- This results in feelings of guilt, disgust, and fear.
- So person resorts to any number of methods in an effort to get rid of all those calories: vomiting, laxatives, diuretics, fasting, excessive exercise.

**NOTE:**
- Age of onset: Usually mid adolescence to late 20s.
- About 90% of cases are women, 10% are men.
- Prevalence: 5% of college age women.

**Signs:**

**Physical:**
- average or above average weight
- weakness, headaches, dizziness
- frequent weight fluctuations due to alternating binges and fasts
- difficulty swallowing, damage to throat
- swollen glands that give chipmunk appearance
- red, puffy, bloodshot eyes (especially after vomiting)
- dental caries and damaged tooth enamel
- scabs on knuckles from self-induced vomiting
- In women: loss of menstrual periods

**Behavioral:**
- strange behavior that surrounds secretive eating
- refusal to eat with friends
- disappearance after meals, often to the bathroom, and hear running water
- ability to eat enormous amounts of food without weight gain
- compulsive exercise beyond normal training
- depression

**Binge Eating Disorder**

What is it?
- Recurrent episodes of binge eating (at least 2 times per week), but no purging.
- This results in feelings of guilt, disgust, depression, and extreme distress.
- While there is no purging, there may be sporadic fasts or repetitive diets.

**NOTE:**
- Up to 40% of obese people may suffer from this.
- 65% are women and 35% are men.
- Prevalence = About 3% of men and women.
Health Consequences

The physical and emotional consequences of eating disorders can be severe. In fact, the mortality rate for anorexia and bulimia has been estimated to be as high as 18-20%, with many deaths caused by suicide. Eating disorders have the highest mortality rate of any other psychiatric disorder. Below are some of the negative health effects associated with eating disorders and disordered eating behaviors:

- Malnutrition, dehydration, and specific nutrient deficiencies (from overly restrictive diets).
- Weakened immune system and more frequently sick.
- Drop in sex hormones, which may result in infertility, menstrual dysfunction (in women), bone loss (osteoporosis), and higher incidence of stress fractures.
- Complications of laxative abuse:
  - **Dehydration.** Laxatives act on the large intestine and cause increased water weight loss through more frequent/watery bowel movements; NO fat loss! (At most, 12% reduction in calories consumed. Most calories are already absorbed by the time they reach the large intestine.)
  - **Constipation / diarrhea.** Inability to regulate bowels on own.
- Complications of diuretic abuse:
  - **Dehydration.** Diuretics act on the kidneys and cause increased water weight loss through urination; NO fat loss!
  - **Electrolyte imbalances.** (Low blood potassium levels can lead to an irregular heart beat and death.)
- Complications of self-induced vomiting:
  - **Dehydration.** No fat loss! (An after-binge vomiting episode retains approximately 1200 of the calories consumed.)
  - Acid/base and electrolyte imbalances. (Can be fatal.)
  - Inflamed/torn esophagus, stomach ulcers, gastrointestinal bleeding
  - Severe dental decay (from the stomach acid that comes up and rots teeth).
- Complications of restrictive eating and dieting:
  - Constipation, lightheadedness, fatigue, and depression.
  - Loss of natural mechanisms for determining hunger and fullness.
  - Loss of lean body mass vs. fat tissue.
  - Reduction in metabolic rate.
  - Increased risk for binge eating.
  - Increased risk of regaining weight rapidly (in the form of fat).
- Complications of binge eating and excessive weight gain:
  - High blood pressure, heart disease, and gall bladder disease.
  - Insulin resistance and type 2 diabetes.
  - Joint problems and osteoarthritis.
- Complications of Steroid Use
Psychiatric effects:
- Dangerous irritability and aggression; can lead to violent crimes and even physical abuse of loved ones ("roid rage") while taking them.
- Severe episodes of depression during withdrawal.

Medical effects:
- Decreased “good” and increased “bad” cholesterol levels; increased risk of heart disease, stroke, and possibly prostate cancer.
- If using injectibles, increased risk of AIDS, hepatitis B and C, as well as local infections.
- In men: acne, hair loss, gynecomastia (growth of breast tissue), testicle shrinkage.
- In women: acne, deepened